

Working together, we can improve CRC screening rates in your practice

From 2004 - 2006, 40% of CRC diagnoses were stage 3 or 4 in Alabama. If diagnosed early, 91% of CRC patients survive.

WAYS TO INCREASE SCREENING

Identify Patients Who Need Screening

- Incorporate chart prompts to ask every patient aged 50-75 if they have been screened.
- Review patient records to identify those who should be invited for screening.

Recommend Screening

- Schedule an endoscopic test, or give a take-home high sensitivity FOBT or FIT/iFOBT.

Follow up to ensure that tests are completed

- Keep a log to send reminder emails, letters, postcards, or telephone calls.

Patients who experience barriers to colonoscopy may be interested in a yearly FIT which has been shown to increase patient compliance over guaiac tests¹. FITs are covered by Medicare and most insurance plans. Check the BCBSAL fee schedule for updated reimbursement rates for FITs.

1. Hol L, van Leerdam ME, van Ballegooijen M, et al. Screening for colorectal cancer: randomized trial comparing guaiac-based and immunochemical faecal occult blood testing and flexible sigmoidoscopy. Gut, 2010; 59(1):62-68.

CPT CODE	DESCRIPTION	2011 MEDICARE AL REIMBURSEMENT RATE
82274/82274QW	Assay test for blood, fecal	\$22.38
G0328/G0328QW	Colorectal cancer screening; fecal-occult blood test; immunoassay, 1-3 simultaneous determinations	\$22.38



Colorectal Cancer Prevention Program

ADPH

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Colorectal Cancer Prevention Program

How do your patients feel about getting screened for colorectal cancer?



Below are several objectives of the FITWAY Alabama Colorectal Cancer Prevention Program:

- Promote increased access to colorectal cancer (CRC) screening, diagnostics, and treatment
- Increased detection of early-stage CRC
- Support policy changes to promote CRC screening
- Promote US Preventive Services Task Force (USPSTF) guidelines and quality standards for CRC screening
- Encourage coverage and/or expanded benefits for CRC screening
- Increase awareness of the need and benefits of CRC screening

Reference

1. U.S. Preventive Services Task Force. Screening for colorectal cancer: U.S. Preventive Services Task Force recommendations statement. Ann Intern Med. 2008; 149:627-37.

2. Centers for Disease Control and Prevention. Colorectal cancer screening. Basic fact sheet. Accessed at www.cdc.gov/cancer/colorectal/pdf/Basic_FS_Eng_Color.pdf.



Types of screening tests that the 2008 USPSTF recommends for men and women aged 50-75:

1. High-sensitivity guaiac FOBT or the Fecal Immunochemical Test (FIT) annually
2. Flexible Sigmoidoscopy every 5 years combined with a high-sensitivity guaiac FOBT or FIT every 3 years
3. Colonoscopy every 10 years

Adherence to a screening regimen will be more important in life-years gained than will the particular regimen selected.¹ People at high risk for colorectal cancer may need earlier or more frequent tests.²

	Standard guaiac FOBT	HS guaiac FOBT	FIT or iFOBT
Guaiaac chemical based test	✓	✓	
Human hemoglobin based test			✓
Fewer false positives and negatives			✓
No diet or medicine restrictions			✓
Specific to lower GI bleeding			✓
Testing can begin immediately			✓
Better patient compliance			✓



“In office testing, that is, testing of a single specimen collected during a digital rectal examination in the office, is still widely used although inappropriate for screening... It (in-office specimen testing) misses 95% of cases of advanced neoplasia, giving many patients a false sense of reassurance.”³

3. Nadel, Marion R. et.al. “Fecal Occult Blood Testing Beliefs and Practices of U.S. Primary Care Physicians: Serious Deviations from Evidence-Based Recommendations.” Journal of General Internal Medicine. Published online: 10 April 2010.